

CITY of GUNNISON
EXEMPT EMPLOYEE PAID LEAVE REPORT

Employee Name: _____ Employee #: _____

Time Period: From: _____ / _____ / _____ to _____ / _____ / _____

Sick Leave Used: _____

Vacation Leave Used: _____

Personal Day Used: _____

Other Leave (Jury Duty/Funeral Leave): _____

Signature of Exempt Employee: _____ Date: _____

Signature of City Manager or Department Head: _____